

FILED 5 JUN 2010 34USDC-ORP

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON
PORTLAND DIVISION
(Select the Division in which the complaint is filed.)

BRADFORD LONERGAN

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

PROVIDENCE HEALTH SERVICES

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. 3:20-cv-920-AC
(to be filled in by the Clerk's Office)

Jury Trial: Yes No
(check one)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>BRAD LONERGAN</u>
Street Address	<u>GENERAL DELIVERY</u>
City and County	<u>BEAVERTON</u>
State and Zip Code	<u>OREGON</u> <u>97005</u>
Telephone Number	<u>971 254 0895</u>
E-mail Address	

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>PROVIDENCE HEALTH AND SERVICES</u>
Job or Title (if known)	
Street Address	<u>1801 LIND AV #901B</u>
City and County	<u>RENTON</u>
State and Zip Code	<u>WASHINGTON</u> <u>98057</u>
Telephone Number	<u>LYNN H REFUSED TO GIVE NUMBER</u>
E-mail Address (if known)	<u>Coleen REFUSED TO GIVE E-MAIL</u>

Defendant No. 2

Name	<u>UNKNOWN</u>
Job or Title (if known)	<u>SECURITY GUARDS</u>
Street Address	<u>9205 SW BARNES RD</u>
City and County	<u>PORTLAND</u> <u>WASHINGTON</u>

State and Zip Code OREGON 97225-6603

Telephone Number _____

E-mail Address _____

(if known) **RUM 111**

Defendant No. 3

Name UNKNOWN DOCTORS + NURSES AND

Job or Title _____

(if known)

Street Address 9205 SW BARNES RD

City and County PORTLAND OR 97225-6603

State and Zip Code - OREGON 97225-6603

Telephone Number 1503 216 2906

E-mail Address NO EMAIL

(if known)

Defendant No. 4

Name UNKNOWN

Job or Title SOCIAL WORKER

(if known) 0206 811 BUSINESS 80

Street Address 1205 3rd Street, Jr.

City and County PORTLAND OR 97225-6603

State and Zip Code: OREGON

Telephone Number _____

E-mail Address: _____

II Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

- Federal question
- Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

FIRST AMENDMENT FOURTH AMENDMENT SIXTH ARTICLE DUE PROCESS EQUAL PROTECTION
13TH AND ADMINISTRATIVE PROCEDURES ACT TITLE 18 OF USC 242 1983 ACTION FALSE IMPRISONMENT FALSE ARREST
1986 HCQIA HEALTH CARE IMPROVEMENT ACT 14 AMENDMENT RIGHT TO PRIVACY TITLE 42 OBLIGATION OF CONTRACTS
FREEDOM OF INFORMATION ACT USCA 2000 / 18 USC § 557
GSCO BORG V Kelley FALSE ADVERTISING FALSE ARREST THE RIGHT TO BE LEFT ALONE
I AM UNABLE TO ACCESS INTERNET OR LAW LIBRARY FRAUD
PP 397 US 264 397 US 266-271

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) BRADFORD LONERGAN, is a citizen of the State of (name) OREGON.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____ and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) ~~All~~ ALL, is a citizen of
the State of (name) UNKNOWN. Or is a citizen of
(foreign nation) UNKNOWN.

b. If the defendant is a corporation

The defendant, (name) PROVIDENCE HEALTH AND SERVICES, incorporated under the laws of the State of (name) OREGON WASHINGTON, and has its principal place of business in the State of (name) WASHINGTON. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) RENTON WASHINGTON 1801 LIND AVE SW #9016 RENTON WASHINGTON 98075

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

FRIGO
300 MILLION+

III. Statement of Claim APPROXIMATE DATES BETWEEN 10 2019 THRU - PRESENT

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach

additional pages if needed. IGNORANT'S LAW GOVERNING MEDICAL & MY RIGHTS

TO BE INFORMED & TO ASK QUESTIONS AND GET REASONABLE ANSWERS
TO NOT USE DRUGS THAT HARM ME OR PROCEDURES, TO GET INFORMED CONSENT
TO HAVE UNCONFLICTED STATEMENTS TO HAVE PROPERLY INFORMED DOCTORS
TO CORRECT MY MEDICAL RECORDS TO NOT BE SLANDERED AND LIBEDED
TO NOT BE TAUNTED, RIDICULED AND INTIMIDATED TO HAVE FULL DISCLOSURE
TO NOT BE INTERROGATED OVER CRIMINAL MATTER I WAS NEVER INVOLVED IN
TO KNOW ALL PERSON FIRST LAST NAME INVOLVED IN MY HEALTH CARE
TO NOT HAVE MERCENARIES SET APON ME AND NOT TO BE SEARCHED AND SEIZED
TO NOT BE COERCED INTO ACQUESCE BY MEANS OF IRRATIONAL ARBITRARY
TO NOT HAVE THE WASHINGTON COUNTY DEPUTY VIOLATE MY RIGHTS
OR CAPRITOUS ACTS OF ABUSE OF DISRESPECT DENIED ACCESS TO ER
TRIAL PRACTICE AND MISDIAGNOSES BECAUSE I ASK QUESTIONS AND QUOTE THE
US CONSTITUTION I HAVE ONLY ONE OPTION, TO PRESERVE MY LIFE
IS TO ENTER IN TO THE US JUDICIARY SYSTEM

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

ORDER ACESS TO ALL MY MEDICAL RECORDS. PRIVATE DOCTORS NOTES
FILMS RECORDING OF ANY KIND
RESTRAINING ORDER ON ALL SECURITY GUARDS AND ANY ONE
HOW INTERFERES WITH MY PROPER MEDICAL CARE
ACTUAL DAMAGES I DONT KNOW 100 MILLION UNAUTHORIZED MEDICAL PROCEDURES
CAL MALPRACTICE ECT
PUNITIVE 100 MILLION SEARCH AND SEASURE FALSE ARREST ECT
EXEMPLARY 100 MILLION IRRATIONAL ARBITRARY
CAPRITIOUS ABUSE OF DISCRETION FALSE STATEMENTS ECT FALSE ADVERTISING
I AM UNABLE TO ACCESS THE INTERNET OR THE LAW LIBRARY
FOR MORE INFORMATION I AND I NEED A LAWER

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5/31/20.

Signature of Plaintiff

B. Lonerigan

Printed Name of Plaintiff

BRADFORD LONERIGAN